

Vehicle Repair Request

License No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Tires               | <input type="checkbox"/> Air Conditioning   |
| <input type="checkbox"/> Front-end Alignment | <input type="checkbox"/> Battery            |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Hard to Start      |
| <input type="checkbox"/> Wiper blades        | <input type="checkbox"/> Belts or hoses     |
| <input type="checkbox"/> Headlights          | <input type="checkbox"/> Overheating        |
| <input type="checkbox"/> Tail lights         | <input type="checkbox"/> Oil leak           |
| <input type="checkbox"/> Turn Signal         | <input type="checkbox"/> Motor making noise |
| <input type="checkbox"/> Transmission        | <input type="checkbox"/> Engine cutting off |
| <input type="checkbox"/> Muffler Exhaust     | <input type="checkbox"/> Engine running bad |
| <input type="checkbox"/> Dent                | <input type="checkbox"/> Wheel balance      |
| <input type="checkbox"/> Washer Fluid        | <input type="checkbox"/> Broken Glass       |

1. Give a brief description of any item marked above.
  
  
  
  
  
  
  
  
  
  
2. Give a brief description of any problems occurring to this vehicle that are not covered on the list above.
  
  
  
  
  
  
  
  
  
  
3. Estimated cost of repairs (any repairs over \$100.00 require prior approval).

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

PLEASE RETURN TO LOCAL FLEET PROGRAM COORDINATOR (LFPC)